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Food purpupat to t	he Concelldated Approx	1010) L	Complete il Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/804815-Conf. #2040					
FEE TRANSMITTAL				Filing Date M		March 13, 2001			
For FY 2006				First Named Inventor S		Scott G. NEWNAM			
				Examiner Name S.		. M. Collins			
X Applican	t claims small entity stat	1	Art Unit 2		2145				
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00			<i>P</i>	Attorney Docket No. 0109779.0012			9US1	·	
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEES	3						
	FI	LING FEES	SEAF	RCH FEES	EXAMIN	ATION FEES			
Application Ty	<u>/pe Fee (\$</u>	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees [	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0	-	<del>"</del>	
		100	Ů	Ū	ŭ	Ü		Small Entity	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)									
Each claim over 20 (including Reissues)								25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple depend						360	180		
Total Claims	Extra Claims	Fee (\$)	Fee Pai	id (\$)	Mu	Itiple Depende	ent Claims		
		25.00 =	50.0	00	Fee (\$)		Fee Paid (\$	<u>5)</u>	
HP = highest num	er of total claims paid for,	if greater than 20.		_				_	
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	id (\$)					
		· =							
_	er of independent claims	oaid for, if greater than 3.				<del></del>		_	
3. APPLICATIO		d 100 shares of	(	aludina alaatus	anianllu fila	d	aammutar		
	tion and drawings extends of the control of the con							0	
	action thereof. See 3				or sinan on	arty) for each a	Jonnona: 5	•	
Total Sheet				litional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)	
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
_	Other (e.g., late filing surcharge): 2254 Extension for response within fourth month 795.00 2801 Request for continued examination (RCE) (see 37 395.00								
		2801 Hequest fo	r contin	ued examinat	ion (HCE)	(see 3/	39	95.00	
SUBMITTED BY									
Signature				egistration No. attorney/Agent)	37,122	Telephone (617) 526-6000			
Name (Print/Type)	Michael A. Diene			Date	March 8, 2006				

the date shown below with s	ufficient postage as l	per referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on First Class Mail, in an epyelope addressed to: MS RCE, Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313	-1450.	Del /
Dated: March 8, 2006	Signature:	(Jody Begley)